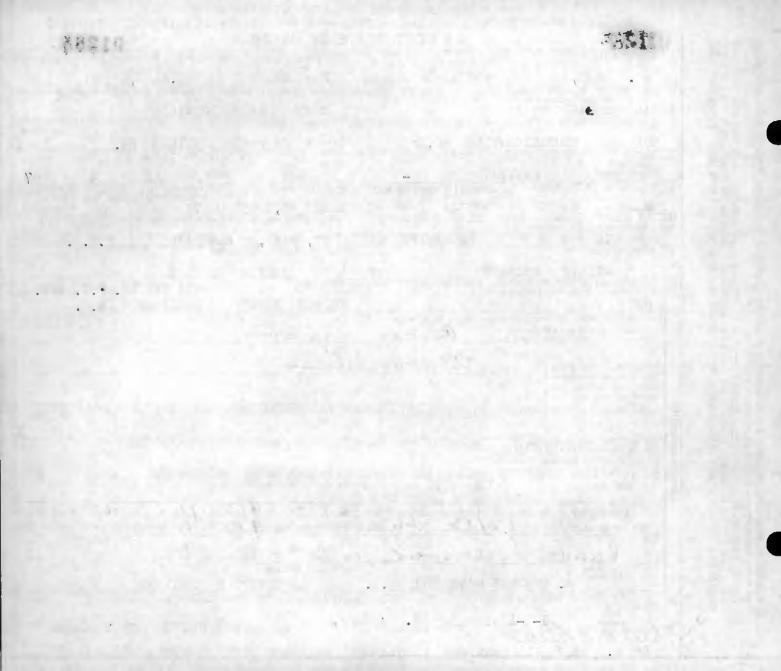
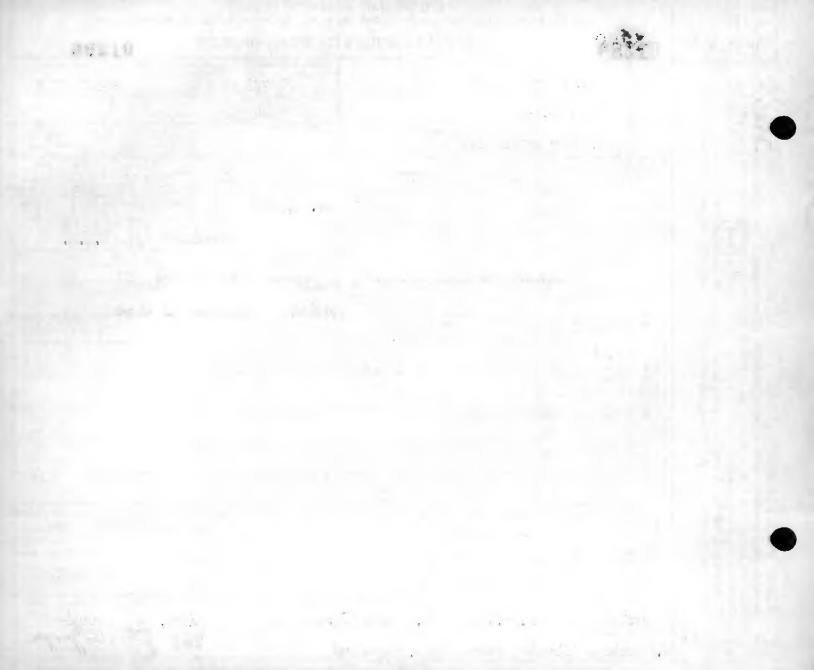
1,		
	PLACE OF DEATH a. COUNTY ST. MARY.S MARYLAND MARYLAND MARYLAND ST. MARY.S 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident Accounty by County ST. MARY.S	nce before admission
-	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town
R	Write RURAL and give nearest town) JRAL MECHANICSVILLE RURAL MECHANICSVILLE	18-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS BOX 64 MECHANICSVILLE Md. BOX 64 MECHANICSVILLE Md.	ON A FARM? YES NO X
3.	NAME OF First Middle Last 1.4. DATE Month D.	lay Year
	DECEASED (Type or print) MAMIE - BANKS DEATH JANURAY 4	19 67
	last birthday) Months Days	AR IF UNDER 24 HR
-	FEMALE NEGRO WIDOWED DIVORCED MARCH 30, 1893 73 yrs. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT
du	ing most of working life, even if retired) INDUSTRY COUNT	TRY?
13	FATHER'S NAME LAMBER LAMB	
	WILLIE STEWART JENNIE BUTLER	
1! (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT 4915 JAI ST. N. I NO THOMAS BANKS WASHINGTON D. C	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Cardios infareting	Haci Min Dixili
	Condition to DUE TO MANAGER DIT	
Е	gave rise to immediate (b)	
	cause (a), stating the DUE TO Underlying cause last.	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO T
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 While 19 19 19 19 19 19 19 1	(State)
-		that (I) (we) la
	saw the deceased alive on 12/13 1966, and that death occurred at 27 M, from the causes and on the d	
	Charles Greenweel M.D. ATTENDING MED. STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S NAME (Type) DR. CHARLES GREENWELL M.D. LEONARDTOWN MARYLAND	
	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
23	REMOVAL (Specify)	
23	REMOVAL (Specify) / BURIAL 1-7-1967 ST. JOSEPH.S MORGANZA MARYLAND	



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOF	RE 1, MARYLAND
4	01288 CERTIFICATE OF DEATH	01285
fter death.	a. COUNTY St. Mary's Maryland B. STATE Maryland D. COUNT	St. Mary's
and in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Piney Point	18.1
16	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Mary's Hospital	e. IS RESIDENC ON A FARM? YES NO NO
3	DECEASED	Day Year
5	the marker with the manager of the second last birthday)	ENNIER 1 YEAR HE LINDER 24 HR
l d	Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even If retired) 10b. KIND OF BUSINESS OR IX. BIRTHPLACE (County & State, or foreign country) 11c. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
T	3. FATHER'S NAME	
-	William B. Adams S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address:	s
(Yes, no, or unknown) (If yes give war or dates of service) Mrs Geneyeive Stepling Pine	ey Point, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	Cenditions, If any, which DUE TO Conditions, If any, which DUE TO	Aus
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) DUE TO (d) DUE TO	mos
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	YES NO
		Fitem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Factory, street, office bldg., etc.) While at work at work at work	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from, 19/35, to, 19/35, to	and on the date stated above
	22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	22b. DATE SIGNED
2	NAME (Type) James P. Jarboe M. D. Great Mills, Mar	yland
2	REMOVA (Specify) Jan 16, 1967 St. George Catholic Valley Lee	wn or county) (State) Maryland
	24. FONERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. RE W. Clar ke Mattingley Leonardtown, Maryland DATE JAN 17 1967	Charles Judge
=	We work the manufact Leonarding margarith I ball JAIN I 1001	1

20210 the state of a land Select mode and the Letungania harm al attended to and specific the basis Mr. That the last -----The design of milestic values up المالية المعالمة المع Series (and 15/75) Shower all to large by revolunt V Inches Continued Lander Company

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY to death. St. Mary's Maryland St. Mary's MARYLAND Deportment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 PM3. P write RURAL and give neorest town)
Leonard town after (Park Hall e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours St. Mary's Hospital State [YES T NO F 18. Give Poges ofter death. 3 NAME DE First Middle Lost 4. DATE Month Doy Year within 72 the DECEASED DF 22 DIANE LEE FENWICK 67 January 10 (Type or print) DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 3 vrs. Months Hours Nov. 25, 1963 Dovs Female Negro DIVORCED WIDOWED 24 hours event tem 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) INDUSTRY Maryland ONY abod 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within penci should be forwarded to the Chief Medical Examine 9 larence Benjamin Briscoe Margaret Ann Fenni File puo WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or removal, (Yes, no, or unknown) (If yes give war or dates af service) Mother INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia. IMMEDIATE CAUSE (o) writing the word burial, cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause 0 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO please execute the certificate. pe 0 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should ogent, prior CAL EXAMINER: CAUSE OF DEATH. 20f. (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. Nat While FUNERAL DIRECTOR: Poge ot work ot wark its designoted 21. I certify that I took charge of the remains described obave, held an Autopsy [X], Inspection Inquiry [ond in my opinion 10 Suicide Hamicide Undetermined manner death resulted fram: Natural causes 1 x Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER 1/23/67 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, ar county) 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Leonardtown, Maruland larke Mattingley



1	MARYLAND STATE DEPARTMENT OF HEALTH OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
# 교 2 #	CERTIFICATE OF DEATH 0121	2 12			
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE Manuard D. COUNTY St.	Manual admission			
by the f	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town			
thin 24 hours stely filled in by bon papers. Pay within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE			
	St. Mary's Hospital	ON A FARM?			
executed within and completely temove carbon prant any event, within	3. NAME DF First Middle Last 4. DATE Month DF DECEASED (Type or print) Pamela Elaine Hebb DEATH January 2:	Day Year			
comple we carl event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of Funder)	YEAR JIF UNDER 24 HR			
emo any	Titale Oxbreat WIDOWED DIVORCED Jept. 1, 1900 yrs. 4	Days Hours Min.			
// 30	auring most of working life, even it retired) INDUSTRY	TIZEN OF WHAT			
al, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.A.			
ding pl Then remova	John Price Agnes Marie Hebb				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unhown) (If yes give war or dates of service)				
the attendit permit.	Mother same as #2 above				
E . 20 25	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN			
the hospital or attending physician, this certificate has been signed betached for use as the burial-trans Dept, of Health prior to burial, cre	MMEDIATE CAUSE (a) Comprise Co	15 min			
sign puria	conditions, If any, which) DUE TO Sleeping in bed with abult				
t e	gave rise to Immediate cause (a), stating the DUE TO				
prior	underlying cause last. (c)				
pt. of Health prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DEATH OF PART II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED?			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work				
he State Dept. of I	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19	_, that (I) (we) las			
short in the	saw the deceased alive on, and that death occurred atM, from the causes and on the causes and on the causes and on the causes are caused atM.				
orrector: age 3 should filed with the	ATTENDING MED. STAFF	TE SIGNED			
be fill	22c. PHYSICIAN'S NAME (Type) John F. Formich M.D. 22d. ADDRESS	6			
director, page should be filed	Leonaratoun, Maryland.				
sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)			
0	Burial Jan 25, 1967 St. Francis Xavier Compton MADDRESS 252. REC'D BY REGISTRAR'S 256. REGISTRAR'S	SIGNATURE -			
2 0	W. Clarke Mattingley Leonardtoun, Md. DATE JAN 26 1967 John	les Judge			
/65		11 (/			

* 1 America, American DOLCTU! HOLA - musicipal Ministration to the selfdradel store Just J. Mar Manual of the below our might all TARK TO THE REAL PROPERTY OF THE PARTY OF TH Part Seems and the seems of the E . . . Solder of the following the second of the se the second of th

	DIVISION OF STATISTICA	MARYLAND STATE DE			OPF 1 MARYLAND
	01291		E OF DEATH		01288
1.	PLACE OF DEATH a. COUNTY St. Maru's	MARYLAND	2. USUAL RESIDENC a. STATE Mary	E (Where deceased lived, If i	institution: Residence before admission) UNTY St. Mary's
	b. CITY OR TOWN (if outside corporate write RURAL and give nearest town) Leonardtown	10 days	0 1 11		write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION OF Mary's Hos	4	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES ND U
3.	NAME OF First OECEASED (Type or print) William		Last	4. DATE Mon	20 /00
5.	10.00	MARRIED NEVER MARRIED	8. DATE OF BIRTH Feb. 12. 1899	9. AGE (In year) last birthday 67 yrs.	S IF UNDER 1 YEAR IF UNDER 24 HRS
10 du	a. USUAL DCCUPATION (Give kind of workdor ring most of working life, even if retired) Farming			unty & State, or foreign count	12. CITIZEN OF WHAT
13	FATHER'S NAME	11-:44	14. MOTHER'S MAID! Blanche	EN NAME	4.5371
15 (Y	5. WAS DECEASED EVER'IN U.S. ARMED FORC es, no, or unknown) (If yes give war or dates of se	ES? 16. SOCIAL SECURITY NO. 17. rvice) 219-16-2368 MRB	INFORMANT VERNON HEWE	Redman. Addr	# 2 ABOVE
CERTIFICATION	18. CAUSE DF DEATH [Enter only one c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINES	SANGER HOW WILLY OCCU		MATOLIAN GIVEN I	YES ND
MEDICAL	20c. TIME DF INJURY Month, Day, Yea Hour a.m. p.m. 19	While Not While facto	CE OF INJURY (Home, fai ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	mes P. Jarboe M. D.	ATTENDING PHYS. 22d. ADDRESS 2reat	MED. STAFF PHYS.	s and on the date stated above 22b. VALE SIGNED
23	Burial (Specify) Jan. 28.	reof 23c. NAME OF CEMETERY 1967 Holy Face Address	(emetery	23d. LOCATION (City, Great Mill 3'D BY REGISTRAR 25b.	town or county) (State) Ls. Maryland REGISTRAR'S SIGNATURE
-	W. Clarke Mattingley	Leonardtown, Maryl	and DATE	FEB 1 1967	Icharles Judg

内は集川 state with the designation . . Limitalism William Land William Land Lake week a ware of the Aller Venne Latte Comme 9:01.61.00 mile Make meior March of School March of TYPIN SHEET STREET THE VEHICLE SHEET SHEET SHEET " and the master of the standard ment in the test was and the test with the median hamilton in the condition of the condition of the

ı		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01292 CERTIFICATE OF DEATH 01289				
death, funeral and 2 death.	<u>-</u>					
after de y the fun iges Lans s after de	1.	PLACE DF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY				
n and completely filled in by the'f remove carbon papers. Pages <u>1.</u> in any event, within 72 hours after	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
2		write RURAL and give nearest town)				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE				
		S. Mary's Hospital				
	3.	NAME OF First Middle Last 14 DATE Month Day Year				
		DEGEASED (Type or print) Nellie S Lawrence DEATH Jan 2 1967				
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS				
		F (oloned WIDOWED DIVORCED March 5, 1901 65 yrs. Months Days Hours Min.				
	10a dui	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT (NDUSTRY)				
		Montgomery (o. Md. U.S.A.				
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
	1	ALexander Barnes ?				
	(Ŷ	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unhown) (If yes give war or dates of service)				
	-	No 220-26-4624 John P Lawrence Callaway, Nd.				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH				
		482. 1 IMMEDIATE CAUSE (a) 4000.				
		Conditions, If any, which \				
		gave rise to Immediate ((b)				
		cause (a), stating the DUE TO underlying cause last. (c)				
7	TI ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
7	ICA.	YES MO D				
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	1 1					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of the factory, street, office bldg., etc.) 40f. (City or town) (State) (State)				
	M	p.m. 19 at work 1				
		21. I certify that (I) (this hospital) attended the deceased from Sept / , 1966, to den - Z , 1967, that (I) (we) lest				
		saw the deceased alive on 2 1967, and that death occurred at M, from the causes and on the date stated above.				
		M.D. ATTENDING MED. STAFF 1-2-67				
		22c. PHYSICIAN'S 22d. ADDRESS				
1		NAME (Type) W. H. Patrick, M.D. Lexington Park, Md.				
j	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
		Burial 17-, 7-6 Bethesda M.C. Valley Lee, Ma.				
P	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE				
		W. Clarke Mattingley Leonardtoun, Md. DNEA!! 9 1937 "				
/65						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY the f after MARY MARY 1 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) ρχ ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours HOLLYWOOD HOLLYWOOD filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO y ROUTE 2 Box executed within completely NAME OF First Middle Last 4. DATE Month Nav Year DECEASED OF (Type or print) DEATH PARREN HOMAS NEWTON EXX JAN 5. SEX 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS DATE OF BIRTH remove NEVER MARRIED last birthday) any Months Days Hours WIDOWED DIVORCED [WHITE 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 든 rsician Tease during most of working life, even if retired) INDUSTRY COUNTRY? and CARPENTER FATHER'S NAME MARYLAND certificate MOTHER'S MAIDEN NAME attending ph гетоуа FRANCES GOLDSBOROUGH MARTIN NEWTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 death (Yes, no, or unknwn) ((If yes give war or dates of service) 1944 cremation, 1946 MRS LORAINE NEWTON RT-2 Box 331 HOLLYWOOD YES 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN MARY LAND PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-I burial, DUE TO Cenditions, If any, which (b) been gave rise to immediate 를 다 다 DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO ! this cerm detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING p.m. at work at work be retained b 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on A.M. from the causes and on the date stated above. and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. TO HOSPITAL FUNERAL director, p should be f PHYSICIAN'S 22d. ADDRESS NAME (Type) SAMADI LEGNARDTOWN. MARYLAND BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 16, 1967 ST. JOHNS CEMETERY HOLLYWOOD. MARYLAND FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE CLARKE MATTINGLEY VR A15 (4) LEGNARDTOWN, MARYLAND 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 01293 CERTIFICATE 24 hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY h. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Scotland .eonardtoun d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 3 YES executed within 3. NAME OF DATE Middle Last Month Day Year DECEASED (Type or print) DEATH 1967 Parker inne ดทบสภม 5. SEX 6. COLOR OR RACE AGE (In years | HUNDER 1 YEAR last birthday) | Months | Days HF UNDER 24 HRS DATE OF BIRTH 7. MARRIED [NEVER MARRIED 🎘 Hours WIDOWED DIVORCED [1Da, USUAL OCCUPATION (Give kind of work done ! 10b, KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) COUNTRY? Yerba Buena Island death certificalle 14 SERTHER ROBINSTANCE (alite 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) athalene P. Bernatschke 222 Fast 62nd New York New York 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) rise to immediate DUE TO cause (a), stating the ö underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health YES NO IT 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) tached for be OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12/17 Mom the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE OR page ATTENDING M.D. DIRECTOR TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) P. J. Bean NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (State) REMOVAL (Specify) Arlington National FUNERAL DIRECTOR ADDRESS Leonardtown, Maryland VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01292 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE **b** COUNTY Page 0 g. death. MARYLAND Department CLENGTH DF STAY IN 15 c CITY DR TOWN (If Buts de carparate limits, write RURAL and que nearest town) b CTY DR TDWN (If autside carparate imits 2, u. P.M3. write RURAL and give nearest town) ofter eonardtown. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL DR NSTITUTION (If not in haspital, give street address) d STREET ADDRESS haurs alang with farm NO A ate YES 1 after death 3. NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED OF. Patricia Pettit Januaru DEATH 19 with. IF JNDER I YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS NEVER MARR ED 35 birthdoy) Months Dovs Hours haurs WIDOWED DIVORCED event 100 USLA, DECUPAT DN (Give kind of work done 10b K ND OF BUSINESS OR II BIRTHPLACE (State or fore an country) 12 CITIZEN DE WHAT during most of working the eyen if retired) INDUSTRY COUNTRY? Washington, 24 AUD d "pending" in penal Chief Medical Examiner page 13. FATHER'S NAME penci be executed within Marion C. gnd 9 WAS DECEASED EVER NUS ARMED FORCES? INFORMANT 16. SOC AL SECURITY NO Address or remayal. (Yes, no, or unknown) If yes give wor or dotes of service) Pettit eonardtown Marylana INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should crematian, DUE TO farwarded to the Conditions, if ony, which gove writing the rse to immed ate cause (a). DUE TO stoting the underlying couse ø iast. burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CAL CERT F.CATION NO the certificate. shauld be 200 EXTERNA PAUSE WAS PRIMARY OF CONTR BUTING 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of invery in Part 1 or Part 1 of item 18.) agent, prior CAUSE OF DEATH 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY Aleme, farm. 20f (City or town) (County) (State) foctory, street, affice bldg etc.) DIRECTOR: Page Stman please execute of work designated 21. I certify that I took charge of the remains described above, held an Autapsy [for Inspection 1. Inquiry 19 and in my opinion the funeral director. death resulted from: Natural causes Accident | Suicide Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY TO FUNERAL Health or necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Parklaun Inc. eneteru Maruland REC'D BY REG STRAR 24 FUNERAL DIRECTOR VR A15ME (S) Melanles W. Clarke Matting Leonardtown. Maruland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY 3 to Poge a STATE 5 COUNTY Maryland St. Mary's ō ofter death. MARYLAND delay c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest town) b CITY OR TOWN (If auts de carparate , mits, r. FENGTH OF STAY IN 1b. write RURAL and give nearest town)
California-rural California -rural d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? e Stote Deg 72 hours Give Poges 1, YES 🔲 NO TY RT.2 BOX 164 3 NAME OF Middle 4 DATE First Last Manth Day Year DECEASED within . 17 19 67 Ě (Type or print) Arthur D. Stevens DEATH IF LINDER 1 YEAR IF UNDER 24 HRS with 5 SEX 7 MARRIED B DATE OF BRIM 9. AGE fln years 6 COLOR OR RACE NEVER MARRIED last burthday) Manths Hours WIDOWED DIVORCED white and 2 event male LDa JSUAL OCCUPAT ON (Give kind af wark dane 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY LUMBER & SUPPLY 24 in MARYLAND ORY RETIRED pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within in pencl 5 MARGARET JANE SHADE DANIEL G.STEVENS File and WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOC AL SECURITY NO 3602 ACKEYSTONE AVE. word "pending" in the Chief Medicol (Yes, na, ar unknown) (If yes give war or dates of service) removol. MRS.MARY C.STEVENS BALTIMORE MARYLAND 218 01 9612 NO INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY Fatty alter transit ONSET AND DEATH Fatty alteration of liver 5 IMMEDIATE CAUSE (a) please execute the certificate, writing the word crematian, DUE TO burial Cand trans, if any, which gave (b) nse ta immediate cause (a), DUE TO 0 stating the underlying cause bur'al, r nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES 🔯 NO 0 20g EXTERNAL CAUSE WAS 70b DESCRIBE HOW INJURY OCCURRED (Enter nature of in Levy in Part L or Part L of Item 18.) 3 should agent, prior PRIMARY ar CONTRIBUTING FLAL EXAMINER: CAUSE OF DEATH ਤ 20c TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Poge at work at work 21. I certify that I took charge of the remains described above, held an Astopsy x Inspection [Inquiry and in my opinion death resulted fram Natural causes K -Acudent Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1/17/67 **EXAMINER'S** Spit z, M.D. U. Werner Heolth Address (Street, city, town, ar county) NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) 0 1/18/1967 EBENEZER CEMETERY GREAT MILLS - MARYLAND REGISTRAR'S SIGNATURE 25g. REGD BY REGISTRAR ADDRESS. VR A15ME (5) M. WELCH - LEONARDTOWN MARYLAND DATE



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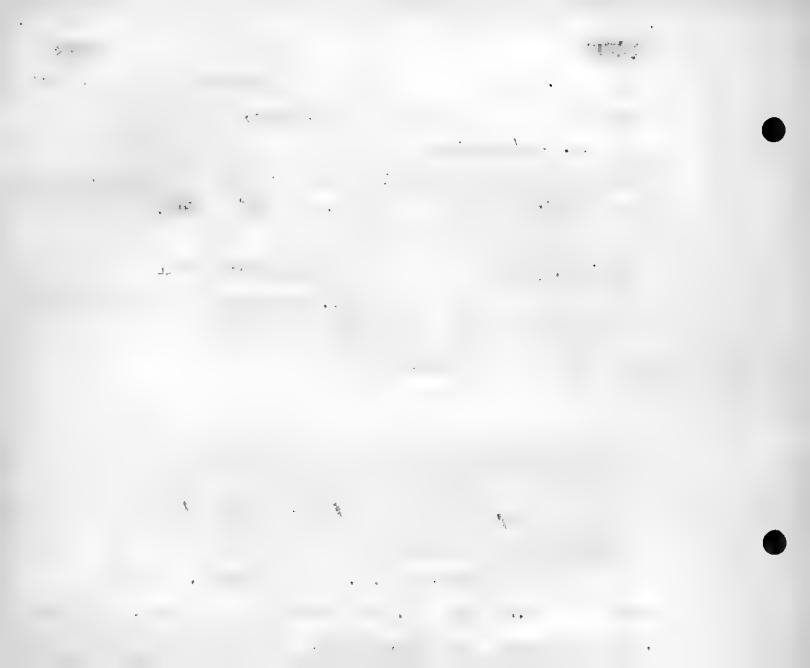
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
100 E	01237 CERTIFICATE OF DEAT		
filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	a. COUNTY C. A. STATE	NCE (Where deceased lived, If institution: Residence before admission)	
by the 1 Pages 1 Irs after	write RURAL and give nearest town)	(If outside corporate limits, write RURAL and give nearest town)	
= <u>,</u> =	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES	Hollywod 10. IS RESIDENCE	
event, within 72	St. Mary's Hospital	ON A FARM? YES	
	3. NAME DF DECEASED (Type or print) / Plinda Ann Tasker	4. DATE Month Day Year DF DEATH January 20. 1967	
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED NOV. 3 /8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.	
	108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTY/PLACE during most of working life, even if retired) INDUSTRY	(County sestata of foreign pountry) 12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME 14. MOTHER'S MA	·	
	John Sweitzer h.ary 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Bittinger Address	
	(Yes, no, or unkown) (If yes give war or dates of service) Mrs. Coldie	Newton Routs 2 Box 335	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Cerrby Three One of the course of the cour	Holly wood, Whinterval Between	
	DUE TO A L. CO. F. P. +	Diagram	
	Conditions, If any, which gave rise to immediate DUE TO	101 yr.	
	underlying cause last. (c) tomat facture & pyclon	ephitis / uk.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUTNOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUTNOT RELATED TO THE TERMINA 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home factory, street, office bldg. p.m. 19 at work at work at work	farm, 20f. (City or town) (County) (State)	
	21. I certify that (I) (this hospital) attended the deceased from,	19, to, 19, that (I) (we) last	
	saw the deceased alive on 19 and that death occurred a	22b. DATE SIGNED	
,	22c. PHYSICIAN'S NAME (Type)	MED. STAFF DIRECTOR PHYS. 1.20.69	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7 / 27 / 67	23d. LOCATION (City, town or county) (State)	
	Runial 1/20/01 Short Run (eneteru	Kitzmiller Garrett, Maryland	
4	Imy Mildred Sharpless, Blacine, W. C. DATE	JAN 26 1967 gardes Judge	
	Pll. Kilman ale mid		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Great Mills Leonardtown .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ve carbon papers event, within 72 St. Mary's Hospital Holy Face (onvent NO X executed within completely carbon NAME OF Month Middle DATE Day DECEASED OF 1967 Ionatius (Type or print) Margaret l orpu DEATH апиали DATE OF BIRTH 5. SEX 6. COLOR OR RACE remove 7. MARRIED AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS. NEVER MARRIED X last birthday) Months 1 Hours Days 18 remale WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA attending physician rmit. Then please lease and in during most of wasking life, even if retired) INDUSTRY COUNTRY? New York School Teacher 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Peter lorpy Mary Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address transit permit. (Yes, no, or unknown) (If yes give war or dates of service) that the death 18. CAUSE OF DEATH [Enter only one cause per life for burial-transit INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed DHE TO Cenditions, if any, which (b) been gave rise to immediate まる DUE TO cause (a), stating the prior underlying cause last. (c) certificate has 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health YES NO F ğ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work T 21. I certify that (I) (this hospital) attended 3 showith t saw the deceased alife on the causes and on the date stated and that/death occurred at 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. DIRECTOR TO HOSPITAL Page 4 may pa ADDRESS FUNERAL PHYSICIAN'S director, p should be 1 NAME (Type) Jakbor M. lames LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specky) 9 Ichester urual FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR #15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 24 hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give neafest town) c. LENGTH OF STAY IN 1b .eonardtown ve carbon papers. event, within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? ND X executed within completely NAME OF Middle Last 4. DATE Month Year DECEASED DF DEATH (Type or print) Madeline 19 Hace 6 SEX 6. COLOR OR RACE YIN YEAR I IFUNDER 1 YEAR ILFUNDER 24 HRS 9. AGE remove 7. MARRIED K NEVER MARRIED Months I Days Hours and in any t-emale WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? F ease during most of working life, even if retired) d by the attending physici ransit permit. Then pleas cremation, or removal, and Maryland USA The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ABELL 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) Hollwood Marukana 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and You.] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) peen gave rise to immediate - <u>2</u> DUE TO cause (a), stating the underlying cause last. (c) 35 CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use Health I PERFORMED? certificate YES NO [20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 50 detached MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work 21. I certify that (1) (this hospital) attended the deceased from 6 / that (I) (we) last DIRECTOR: saw the deceased alive on _M, from the causes and on the date stated above. and that death occurred a 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR M.D. TO HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL director, p should be 1 NAME (Type) Tharles Greenwell Leonardtown Maruland BURIAL, CREMATION, CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMDVAL (Specify) 2 Burial eneteru ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY St. Mary b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Ridge Ξ eanardtow n daus filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES executed within completely 3. NAME DE Middle Last 4. DATE Month DECEASED (Type or print) Elizabeth DEATH SEX remove 6. COLOR OR RACE 7. MARRIED DC DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) | Months (Days Hours and remale WIDOWED DIVORCED March 10a. USUAL OCCUPATION (Give kind of work done) cian 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ease during most of working life, even if retired) House wile Maruland certificate E-13. FATHER'S NAME MOTHER'S MAIDEN NAME remova tred Dove utchember attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 death (Yes, no, or unknwn) (If wes pive war or dates of service) cremation, no 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] Maryland INTERVAL BETWEEN ONSET AND DEATH armody Hi The law requires that the ial-transit PART I. DEATH WAS CAUSED BY: 00 IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which (b) peen gave rise to Immediate the DUE TO cause (a), stating the underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? YES NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of Item 18.) 10 this cert letached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained b 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 843 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR PHYS Fage 4 may M.D. 8 FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION. 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR Maruland VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01301 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH delay is p. COUNTY o. STATE b. COUNTY af. death. MARYLAND b. CITY OR TOWN (If outside corporate limits, partment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c TENGTH OF STAY IN 1h write RURAL and give nearest town) ofter eonardtown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Del haurs Office along with farm YES 🗍 NO T in Item 18. Give Pages ate 24 haurs after death. Month 3. NAME OF Middle Last 4. DATE Doy Year 73 DECEASED OF the Yuhas 19 (Type or print) DEATH within with 9F UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE A COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH Lost birthdoy) Months Dovs Hours WIDOWFD DIVORCED 16 event CVI 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even it refred Empooyee Civil Service COUNTRY? Gov. AUD 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil Mi chael Yuhas .= WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address farwarded to the Chief Medical permit. (Yes, no, or unknown) (If yes give wor or dates of service) pending" ar removal. Lton Point Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse D GS OS lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO: please execute the certificate. YES pe agent, priar ta 20o. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not White your DIRECTOR: Page at work at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ___ and in my apinian for the funeral directar. death resulted fram: Suicide [Hamicide Undetermined monner Natural causes retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole) 230. BURIAL, CREMATION 23b. DATE THEREOF 0 Arlington, Va. Arlington Nat. Jan. 4,1967 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS Wilhelm Funeral VR A15ME (5) DATE JAN 6M 1/66

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